PATENT APPLICATION TRANSMITTAL FORM

ASSISTANT COMMISSIONER FOR PATENTS
SWashington, D.C. 20231

Sir:

O	D. L. A.	00001.000
Case	Docket No	o. 2003L002

) .] c 3/2 2 1173	1.6 (1)	1000701110 D . CD . L. V . 00 0007				
[X] "Expr	xpress Mail" mailing label number <u>ET691282781US</u> . Date of Deposit <u>June 20, 2003</u> . ereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail"					
Poet (office to Addressee" service under 37 CFR 1	.10 on the date indicated above and is addressed to the				
	tant Commissioner for Patents, Washington,					
1 13515	Regina F. Anginoli					
(Tv	ped or printed name of person mailing paper or fee)	(Signature of person myfiling paper or fee)				
	han at harmen marrie or horsen married haber or real	() Joseph and or person in grands of lees				
Transmitted he	erewith for filing is the patent application of	; ;				
Inventor: V	incent Jean Marie MICHAUD, Jeremy Rogo	er SPENCER, David LOUGHLIN, David Gordon BIRSE				
	ess for Forming Polyalkenyl Acylating Agen					
Enclosed are:		•				
[X]	Specification and Claims with Declaratio	n;				
[].	Specification and Claims without Declaration;					
[]	sheets of informal drawings;					
[]	sheets of formal drawings;					
[]	An assignment of the invention to;					
[]	The certified copy of a priority applicatio	· · · · · · · · · · · · · · · · · · ·				
[X]		Information Disclosure Statement, Form - 1449;				
[X]	Copies of citations as listed on attached F					
[]	Preliminary Amendment;					
[X]	Address all future communications to:	Infineum USA L.P.				
. ,	<u> </u>	Law Department				
		1900 East Linden Avenue				
	. \	P. O. Box 710				
		Linden, New Jersey 07036-0710				
[]	Priority of application Serial No.	Filed on				
	in is claimed und (Country)	Filed on der 35 USC 119.				
[X]	The Filing Fee is calculated below.					

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$750.00
Total Claims	29 - 20 =	9	x \$18.00	162.00
Independent Claims	1 - 3 =	0	x \$84.00	0.00
Multiple Dependent Claim Fee	1	, 	\$280.00	0.00
	912.00			

[X] Please charge my Deposit Account No. 05-1710 in the amount of \$ 912.00.

[X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 05-1710. A duplicate copy of this Form is enclosed.

June 20, 2003
Date of Signature

Attorney or Agent

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(For Internal Use Only: Job No. 813,853)

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